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**************************************	Filing Date	November 19, 2003
JUL 2 7 2006 FORM	First Named Inventor	Elliott J. BRODSKY
2000	Art Unit	3634
for all correspondence after initial filing)	Examiner Name	Sarah L. Purol
Total Number of Pages in This Submission	Attorney Docket Number	02613
ENC	CLOSURES (Check all	
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A	ddress Status Letter
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Signature / My/ hull		
Printed name David M. Driscoll		
Date July 24, 2006	R	Reg. No. 25,075
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Typed or printed name Patricia Blackwell		- Hill of all

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Fees purgant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known				
FEETRANSMITTAL	Application Number				
	Filing Date	November 19, 2003			
For FY 2006	First Named Inventor	Elliott J. BRODSKY			
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Sarah L. Purol			
	Art Unit	3634			
TOTAL AMOUNT OF PAYMENT (\$) 60.00	Attorney Docket No.	02613	<i></i>		
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
Deposit Account Deposit Account Number: 19-0120 Deposit Account Name: Salter & Michaelson					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
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FEE CALCULATION (All the fees below are due upon fil	ling or may be subjec	et to a surcharge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEAR Small Entity	CH FEES EXAM Small Entity	MINATION FEES Small Entity			
Application Type Fee (\$) Fee (\$)			es Paid (\$)		
Utility 300 150 500	250 200	0 100			
Design 200 100 100	50 130	0 65			
Plant 200 100 300	150 160	0 80			
Reissue 300 150 500	250 600	300			
Provisional 200 100 0	0	0			
2. EXCESS CLAIM FEES		Small E			
Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25					
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100					
Multiple dependent claims		360 18	0		
Total Claims	Paid (\$)	Multiple Dependen	t Claims		
17 - 20 or HP = 0 x = MP = highest number of total claims paid for, if greater than 20.		Fee (\$) Fee	e Paid (\$)		
	Paid (\$)				
3 - 3 or HP = 0 x =					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)					
Other (e.g., late filing surcharge): one-month extension of time					
SUBMITTED BY					
	Registration No. 25 075	Telephone 404 4	04.0444		

(Attorney/Agent) 25,075 Name (Print/Type) David M. Driscoll Date 2006

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